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FROM: Michael R. Ward
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Number of pages with cover page:	6	
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Comments:**ATTORNEY DOCKET NO.:** 59579-2000300
SERIAL NO.: 10/617,624
FILING DATE: July 10, 2003
INVENTOR(S): Eduardo BLUMWALD
TITLE: Salt Tolerant Oil Crops
EXAMINER: V. Kuma
GROUP ART UNIT: 1638**Papers attached herewith:**

1. Transmittal, 1 page
2. Fee Transmittal, in duplicate - 2 pages
3. Extension of Time Request, 1 page
4. Notice of Appeal, 1 page

sf-2194368

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PTO/SS/21 (09-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/617,624	
	Filing Date	July 10, 2003	
	First Named Inventor	Eduardo BLUMWALD	
	Art Unit	1638	
	Examiner Name	V. Kumar	
Total Number of Pages in This Submission	5	Attorney Docket Number	595792000300

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form - In duplicate, 2 pgs. <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 pg. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) - 1 pg. <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature	<i>Michael R Ward</i>		
Printed name	Michael R. Ward		
Date	September 14, 2006	Reg. No.	38,651

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent and Trademark Office, fax no. 571-273-8300, on the date shown below.

Dated: September 14, 2006

Signature: *Laura Tsang*

(Laura Tsang)

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/617,624
		Filing Date	July 10, 2003
		First Named Inventor	Eduardo BLUMWALD
		Examiner Name	V. Kumar
		Art Unit	1638
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	595792000300
TOTAL AMOUNT OF PAYMENT (\$) 780.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							25
Each independent claim over 3 (including Reissues)							100
Multiple dependent claims							180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
8		0	25.00	0.00	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.					180.00		0.00
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1		0	100.00	0.00			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 =		150	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fee Paid (\$)	
Other (e.g., late filing surcharge):						250.00	
Notice of appeal						510.00	
Petition for Extension of Time -- 3 months							

SUBMITTED BY			
Signature	Michael R. Ward	Registration No. (Attorney/Agent)	38,851
Name (Print/Type)	Michael R. Ward	Telephone	(415) 268-6237
		Date	September 14, 2006

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